Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	012288	A. BUILDING _____ B. WING _____	C 01/10/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAMPLIGHT INN OF FORT WAYNE	300 E WASHINGTON BLVD FORT WAYNE, IN 46802

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00121441. Complaint IN00121441 Substantiated, no deficiencies related to the allegations are cited.. . Survey Date: January 9, 2013 Facility number: 012288 Provider number: N/A AIM number: N/A Survey team: Angela Strass, RN Census bed type: Residential: 107 Total: 107 Census payor type: Medicaid: 55 Other: 52 Total: 107 Sample: 3 Lamplight Inn of Fort Wayne was found to be in compliance with 410 IAC 16.2 in regard to the investigation of Complaint IN00121441. Quality review completed on January 10, 2013 by Randy Fry RN.	R 000		